

**COVER PAGE**

*A Public Document*

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER	
Munso	Joseph	P.	( 916 ) 654-3454	
MAILING ADDRESS (Business Address Acceptable)	STREET	CITY	STATE	ZIP CODE
1600 Ninth Street, Room 460		Sacramento	CA	95814
OPTIONAL: E-MAIL ADDRESS				

**1. Office, Agency, or Court**

Name of Office, Agency, or Court:

California Health and Human Services Agency

Division, Board, District, if applicable:

Your Position:

Undersecretary

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: See attachment

Position: \_\_\_\_\_

**2. Jurisdiction of Office (Check at least one box)**

☒ State

☐ County of \_\_\_\_\_

☐ City of \_\_\_\_\_

☐ Multi-County \_\_\_\_\_

☐ Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**

☐ Assuming Office/Initial Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

☒ Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2009.

☐ Leaving Office Date Left: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)

☐ The period covered is January 1, 2009, through the date of leaving office.

-or-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

☐ Candidate Election Year: \_\_\_\_\_

**4. Schedule Summary**

► Total number of pages including this cover page: 3

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☒ Yes – schedule attached  
*Investments (Less than 10% Ownership)*

Schedule A-2 ☐ Yes – schedule attached  
*Investments (10% or Greater Ownership)*

Schedule B ☐ Yes – schedule attached  
*Real Property*

Schedule C ☐ Yes – schedule attached  
*Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)*

Schedule D ☐ Yes – schedule attached  
*Income – Gifts*

Schedule E ☐ Yes – schedule attached  
*Income – Gifts – Travel Payments*

-or-

☐ No reportable interests on any schedule

**5. Verification**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed March 29, 2010  
(month, day, year)

Signature \_\_\_\_\_ (official.)

**SCHEDULE A-1**  
**Investments**

**Stocks, Bonds, and Other Interests**  
(Ownership Interest is Less Than 10%)

*Do not attach brokerage or financial statements.*

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

Joseph P. Munso

► NAME OF BUSINESS ENTITY  
Principal Financial Group

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Corporation providing Financial Services

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000      ☒ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☒ Stock      ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership      ☐ Income of \$0 - \$500  
                                 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
\_\_\_\_/\_\_\_\_/09      \_\_\_\_/\_\_\_\_/09  
ACQUIRED      DISPOSED

► NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
\_\_\_\_\_

FAIR MARKET VALUE  
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\_\_\_\_/\_\_\_\_/09      \_\_\_\_/\_\_\_\_/09  
ACQUIRED      DISPOSED

Comments: \_\_\_\_\_

**OFFICE, AGENCY OR COURT**

1. Children and Families Commission (aka) Prop 10 Commission, ex-officio Member (position ended 10/19/09 due to appointment as Chair of the Commission)
2. First 5 Children and Families Commission (aka) Prop 10 Commission, Chair (effective 10/19/09)
3. California Workforce Investment Board, designee
4. Office of Statewide Health Planning and Development, designated